



1744

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 14, 2004.

Sylvia Y. Bagne
Sylvia Y. Bagne

Appl No. : 10/080,836 Confirmation No. 9506
Applicant : Charles M. Heldebrant, et al.
Filed : February 22, 2002
Title : MICRODISPERSION TREATMENT OF A PROTEIN OR
PHARMACEUTICAL

TC/A.U. : 1744
Examiner : Elizabeth L. McKane

Docket No. : 42195/JWP/A97
Customer No. : 23363

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
April 14, 2004

Commissioner:

In response to the Office action of February 18, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 13 of this paper.



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER

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Sylvia M. Bagne
Sylvia M. Bagne

Applicant : Charles M. Heldebrant, et al. Confirmation No. 9605
Application No. : 10/080,836
Filed : February 22, 2002
Title : MICRODISPERSION TREATMENT OF A PROTEIN OR PHARMACEUTICAL
Grp./Div. : 1744
Examiner : Elizabeth L. McKane
Docket No. : 42195/JWP/A97

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
April 14, 2004

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	35	*38	0	x \$9.00	x \$18.00	\$0.00
Independent Claims	2	** 4	0	x \$43.00	x \$86.00	\$0.00
Multiple Dependent Claims ***				\$145.00	\$290.00	\$0.00
TOTAL FILING FEE						\$0.00
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					0
LIST INDEPENDENT CLAIMS: 37 and 38						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						

Attached is our check for \$ to pay the fees calculated above.
A Petition for Extension of Time and the required fee are enclosed.
Other enclosures:

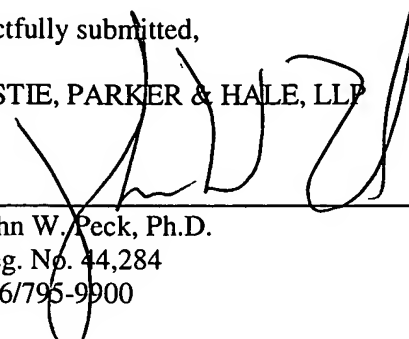
Amendment Transmittal Letter
Application No. 10/080,836

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By



John W. Peck, Ph.D.
Reg. No. 44,284
626/795-9900

JWP/syb

SYB IRV1076280.1-*04/14/04 11:58 AM